



CITY OF WILLIAMSBURG APPLICATION FOR BUILDING PERMIT

401 Lafayette Street, Williamsburg, Virginia 23185-3617 (757) 220-6136, Fax (757) 259-3798

APPLICATION # _____ PERMIT # _____ DATE RECEIVED ____/____/____

****Va. Law 54.1-1111: Proof of valid state contractor and local business license required at time of permit application****

STREET ADDRESS/LOCATION _____ PREPARED DATE ____/____/____

SUBDIVISION _____ ELECTRIC SERVICE: ABOVE ____ UNDERGROUND ____

CONTRACTOR _____ **PROPERTY OWNER** _____

ADDRESS _____ ADDRESS _____

CITY / ZIP CODE _____ CITY / STATE _____

PHONE _____ ZIP CODE _____

JOB CONTACT _____ PHONE _____

E-MAIL ADDRESS _____ E-MAIL ADDRESS _____

STATE REGISTRATION # _____ CLASS A B C WORK TYPE _____ EXPIRATION _____

BUSINESS LICENSE LOCALITY _____ NUMBER _____ EXPIRATION _____

TOTAL JOB VALUE \$ _____ DESIGNATED USBC CODE: ____ 2003 USBC ____ 2006 USBC

ARCHITECT/ENGINEER/DESIGNER OF RECORD **MECHANICS LIEN AGENT** (For 1-4 Family Dwelling Units Only)

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____ **NONE DESIGNATED** _____

WORK TYPE(S): ____ NEW STRUCTURE ____ ADDITION ____ CHANGE OF USE ____ ALTERATION/REPAIR ____ DEMOLITION

BRIEF DESCRIPTION OF WORK _____

APPLICANT IS THE: ____ OWNER ____ CONTRACTOR ____ ARCHITECT/ENGINEER ____ LEASEHOLDER ____ OTHER: _____

APPLICANT: SIGNATURE _____ APPLICANT PRINTED NAME _____

COMPLETE THIS INFORMATION: NEW CONSTRUCTION, BUILDING ADDITIONS, RENOVATIONS, CHANGE OF USE

SQUARE FOOTAGE PER FLOOR FOR NEW CONSTRUCTION/ADDITIONS/RENOVATED AREA:

FINISHED AREA: B: ____ 1ST: ____ 2ND: ____ 3RD: ____ 4TH: ____ 5TH: ____ TOTAL: ____

UNFINISHED AREA: B: ____ 1ST: ____ 2ND: ____ 3RD: ____ 4TH: ____ Garage: ____ TOTAL: ____

(Unfinished area includes garages, carports, accessory structures, future finished space not heated/cooled/wired at time of construction)

PLAN CHECKLIST: ____ Yes ____ Not Applicable STRUCTURE HEIGHT: _____ TOTAL BUILDING AREA: _____

PROPOSED BUILDING USE GROUP: A B E F H I M R S U # ____ CONSTRUCTION TYPE: 1A 1B 2A 2B 3A 3B 4 5A 5B

FIRE SPRINKLER SYSTEM ____ Yes ____ No FIRE ALARM SYSTEM ____ Yes ____ No FIRE DETECTION SYSTEM ____ Yes ____ No

COMPLETE THIS INFORMATION: NEW CONSTRUCTION AND BUILDING ADDITIONS

BUILDING SETBACKS (In feet): Front: _____ Right: _____ Left: _____ Rear: _____

PROVIDED: ____ Decks ____ Porches ____ Carport ____ Central Heat ____ Central Air Conditioning

Total # of Rooms: ____ # of Bedrooms: ____ # of Full Baths: ____ # of 1/2 Baths: ____ # Fireplaces: ____ # Chimneys: ____

EXTERIOR: Vinyl Brick Wood Stucco Other INTERIOR FINISH: Drywall Wood Other

ROOFING: Asphalt Fiberglass Wood Other FLOORING COVERING: Carpet Wood Vinyl Tile Other